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DR. PAINE'S REPLY TO H. I. B.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I will thank you to omit the publication of the four remaining numbers of my Reply to "H. I. B." During the progress of the preceding, I have apprehended that I might be encroaching too much upon your Journal and upon the rights of other correspondents. This consideration has led me hitherto to request the delay of my Reply, should it interfere with other communications. I perceive by your notices that such communications are accumulating, and I am therefore entirely satisfied that the subject should now rest upon my part, so far as it respects the Journal.

There is one remaining point, however, which requires explanation; all other charges being groundless. I am accused of a misstatement in affirming that "Louis says that the indications to be drawn from the state of the tongue are the 'least important' of any. But we beg the reader to mark well, Louis never stated this, that we can find, in his work on typhus, or in fact in any of his works, so far as we can discover."—(P. 75.)

The words "least important" do not bear the marks of quotation in my work, and it is an induction of my own from extensive premises. It occurs in the following connection and rather incidentally, in Vol. 1, p. 238. Thus.—"They (Galen, &c.) speak of the important indications of the tongue. Baglivi says it supplies the most important, M. Louis the least." In a note I have referred to M. Louis "on Typhoid Fever *passim*." The statement, however, is notoriously true; and the doctrine was the subject of no little comment by reviewers, a few years ago. In my Essay I have presented several extracts from my author to the foregoing effect. The generalizations numbered 57, 58 and 59 are entirely of that import. See, also, M. Louis on Typhoid Fever, Vol. 2, p. 56.

Dr. Bowditch recurs to the foregoing subject at the close of his attack, and imputes to me "a false statement," which he allows to have grown out of an error in his own translation. In consequence of this error on the part of one who had declared his belief that he had translated his author correctly "in every respect," I was betrayed into a partial misapprehension; and this is the only instance in which any departure from strict exactness can be truly alleged against my Essay.

"What," says Dr. B., "can we think of the candor of such a writer, when he takes the first line of a sentence and makes pages of commentaries upon an isolated assertion," &c. "Our commentator may complain that the sentence was *badly constructed*. We affirm that this is no excuse; for, in the *original*, the *meaning* is perfectly plain, if the punctuation in the translation is faulty."—(P. 107. *My Italics.*)

Dr. Bowditch has given a pretended quotation of six lines, which embraces "the first line" in question; but it is made up of words selected out of more than a page and a half of M. Louis's work, presented as a continuous sentence, and bears the usual marks of a quotation. I shall therefore produce the statement as it occurs in the original translation, observing, also, the punctuation. Thus:—

"1st. *Tongue.* It was almost always natural; that is, it had not any unnatural redness; it was moist and was at times only a little yellowish and whitish in nineteen patients; among whom were all those who died between the eighth and fifteenth days of the disease, and who arrived at the hospital at a sufficiently early period to be examined with care upon this point."—(Vol. 2, p. 55.)

The words quoted, and rather incidentally by me, are "*The tongue was almost always natural;*" to which I add, that this is "contradicted by nearly every one of his exemplifying cases." Now, as the extract stands, the first clause appears as a direct and unqualified affirmation, whilst the details which follow purport a contradiction. These contradictions met me so constantly, that I was here led into an *unimportant* error by the faults in the translation, and, if it can avail its author anything, I take more satisfaction in allowing it, than I have done in the preceding exposition. I had imagined, indeed, from the structure of the sentence, that instead of a semicolon after the word *redness*, there should have been a period. Such, I submit, is the only rational mode of interpreting the paragraph.

But, the error, I repeat, is unimportant, and the clause may be expunged from my Essay, without affecting, in the least, the merits of the question. The fundamental point is set forth in other quotations from my author by which the foregoing is preceded; whilst the affirmation, as quoted by Dr. B. that "the tongue was natural or nearly so in a little less than half the cases," also bears out my commentary that this is "contradicted by nearly every one of his exemplifying cases." This will be seen at once by a reference to my tables, where I underwent the labor of condensing, in their "consecutive order," all the appearances of the tongue in each of the fatal cases. But this was not done with a view to the specific fact in question, but to the general affirmations of my author that little or nothing could be gathered from the appearances of that organ, especially in relation to the stomach. There is not one of the cases, unless it be No. 32 (in which the tongue was "greyish in centre"), that can be regarded as offering in any sense a "natural" condition. My comment upon the statement in question, instead of consisting of "pages," extends only through about a dozen lines.

That a fair opposition would be made to my Essay upon the writings of M. Louis, as well as to many doctrines taught in my work, I was entirely prepared to expect; but, the forbearance with which they have been treated by the medical press of this country, and the commendations of the work which have wholly surpassed my expectations, render it proper that I should embrace this occasion to express my profound gratitude for so much generosity.

In conclusion, I may suggest the consideration, that what may have borne the aspect of personal severity in the course of my Reply, has been the unavoidable result of my premises, and the necessary demonstration. The attack was peculiarly personal, and consisted throughout of a series of misrepresentations. It was made by a responsible individual, and through the columns of a distinguished Journal. It related not only to a laborious work which was designed for the public, but to my reputation as a man. I have felt, therefore, that I was at least entitled to a hearing in my own behalf, if no interest existed in relation to my public labors. I have also prepared for the press other works which it is my intention to publish, and it was therefore the more necessary for their present success that I should avert the possible consequences of those misrepresentations which were designed to affect me unjustly as an author. Nor can I permit myself to doubt that every honorable mind, when it shall have regarded my case as its own, will arrive at just conclusions.

The foregoing Reply will be republished, with the remaining refutation, for the purpose of binding it up with my "Commentaries," that its truth may be tested by the work itself, and effectually protect the honor of its author. M. P.

Dec. 9, 1840.

ASTHMA.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE LUNGS.

The term asthma is extremely vague, and is still used in a very loose sense. It is commonly applied to any condition of the respiratory system in which there is much oppression, especially if the dyspnœa comes on in paroxysms, and is attended with a wheezing noise during the inspiration or expiration. In many of these cases there is sufficient evidence of organic disease in the lungs or heart to account for the difficulty of breathing; hence the term asthma is thus applied merely to a symptom, and does not designate a specific disease. In other cases there is no evidence of any organic alteration; and the asthma then becomes a peculiar disease, characterized by regular symptoms, but without definite lesions; it is therefore to be classed amongst those diseases to which the common designation, nervous, is applied. The term is a vague one; but if we restrict it to functional disorders which present a sufficient regularity of symptoms to identify them, there is little practical objection to it. In the present state of the science, therefore, we are compelled to admit a nervous asthma, and a periodical dyspnœa without organic lesion.

The diseases of the lungs which are attended with paroxysms of difficulty of breathing, are a variety of bronchitis, emphysema, certain rare cases of miliary tubercles, and the presence of large tumors upon the trachea or the larger bronchial tubes. The variety of bronchitis I have already treated of under its appropriate head; it is one of the most painful and harassing to the patient, but at the same time is the most curable variety of asthmatic diseases, for it often yields to the continued use of ipecacuanha, and other remedies of the kind, with appropriate counter-irritants. The probabilities of cure are of course much enhanced by a voyage to a milder climate. Emphysema may be palliated, if not cured; but miliary tubercles is generally the most intractable, and often the most rapidly fatal variety of phthisis. The tumors which give rise to periodic dyspnœa at first, will cause a permanent difficulty of breathing if they increase much in size; they are various scirrhous growths, but more frequently aneurism of the arch of the aorta in adults, and scrofulous enlargement of the bronchial glands in children. The dyspnœa is at first not permanent in these cases, because the obstruction to the passage of the air is not sufficient to cause great difficulty of the respiration without some congestion of the bronchial mucous membrane; this is more and more apt to recur as the disease continues to advance, and the case may readily be mistaken for one of nervous asthma.

After striking those cases of false asthma from the list, we next come to those diseases of the heart which simulate the same disorder. These are quite numerous; indeed, any serious disorder of the heart, which impedes the circulation, may congest the lungs, and, as a necessary consequence, great dyspnœa will result. The oppression will be very nearly in proportion to the difficulty of the circulation through the heart, and must of course be greatest in those cases in which the valves are most obstructed. These diseases constitute some of the most severe cases of those classed under the general head of asthma.

There remains, then, a nervous asthma, which cannot be classed under these heads. This disease, like most other chronic affections, is in a great degree hereditary, and often passes through several members of a family; all, or a large number of the children of one family, are often subject to attacks of it upon exposure to slight exciting causes. These causes are extremely various; but they are in general such as act particularly upon the nerves of the respiration, and produce a slight oppression, even in individuals who are not at all asthmatic; such as the inhalation of deleterious gases, certain perfumes, a heated, and especially a crowded room, changes of temperature, or changes in the barometrical conditions of the air, will all occasionally produce the same results. The effects of atmospheric changes which are not connected with temperature, and can only be recognized by a delicate hygrometer or barometer, are very peculiar; a very little difference in the moisture, or in the altitude of a particular spot above the level of the sea, being often sufficient to bring on, or to remove, a severe attack of asthma. The change from a lower and more crowded to a higher and more airy part of the same town, will often produce the same effect. These attacks of nervous asthma are often periodic, or at least especially apt to recur at particular seasons of the year, which are not always the same, although the summer is in general more apt to favor the development of the disease than colder weather. But there is no disorder which is proverbially so peculiar in its turn and mode of attack as asthma—the most opposite conditions will modify the action of the nerves of respiration. These conditions do not, however, vary much with each individual; they are generally sufficiently regular, but they are extremely different with different persons who seem to offer the same variety of the disorder. This idiosyncrasy is not more remarkable than that which is observed in relation to many other functions of the body, especially the digestive, and is of course equally inexplicable.

The symptoms of nervous asthma are similar in this respect, that all who are affected with the disease are liable to sudden and violent paroxysms of dyspnœa, or to slighter derangement of the respiration; at the same time there are no decided signs of bronchial inflammation. If the respiration be examined, the inspiratory sound is feeble, but there is generally no rhonchus; the wheezing which is occasionally heard at a distance from the patient is produced almost exclusively in the larynx. The rhonchi, and other signs of bronchial irritation, are heard if the attack is accidentally complicated with acute bronchitis.

Paroxysms of true asthma terminate by a gradual decline, or as in the variety termed asthmatic bronchitis, the attack is not relieved until a free secretion of glairy liquid from the bronchial membrane takes place; in either case the disorder is singularly apt to return in a short time upon a renewal of its exciting causes.

The diagnosis of the disease is, like the prognosis, exceedingly simple. The disorder may always be recognized by the presence of the periodical dyspnœa, and the absence of any decided evidence of structural change. The prognosis is, on the whole, highly favorable, for few cases of the kind terminate unfavorably; but, like the asthma which arises from emphysema, the disease is exceedingly difficult to remove. At the same time the affection is so peculiar in its nature that it often ceases abruptly, without the slightest assignable cause; and at other times, an apparently insignificant impression made upon the nervous system, either directly on the nervous expansions, or indirectly through the medium of the imagination, will often stop a paroxysm, or postpone one for a long period. The prognosis, therefore, is peculiar; and it is very necessary to be guarded in our promises of cure, or in our anticipations of an unfavorable result when the case is most unpromising.

In most patients asthma may be greatly relieved by attending to the exciting causes of the disease, and carefully avoiding them when practicable. This is often less difficult than it would appear to be at first sight; for a very slight change of residence from one situation to another in the same city, or district of country, will often suffice. Sometimes a more decided change becomes necessary, at least at the season of the year when the disorder is most apt to recur, and every patient is not fitted to decide as to the proper change of situation. In the same way a change of occupation, or even the avoidance of certain departments of a particular business, will often succeed. If these changes fail, and the patient is willing to make the sacrifice, a more decided change is advisable; and, in making it, the warm, moist regions of the sea-side will generally be found preferable to the drier and more hilly country.

The hygienic peculiarities not connected directly with the condition of the air, are less certain in asthma than in most other diseases; and we must here also rely chiefly on the experience of the patient. Those causes which tend to produce bronchitis, favor the development of asthma, although they do not cause it. Hence the avoidance of cold and unnecessary exposure is essential, unless the experience of the patient should teach him that a cold atmosphere agrees better with him than a warmer one. In either case, however, the impression of prolonged cold upon the surface is almost always deleterious, whatever may be its direct influence upon the bronchial mucous membrane. Excesses in diet are also often exciting causes, and the particular perfumes or stimulants of the bronchial membrane which act unfavorably upon the patient, are generally well known to every patient.

There are many modes of arresting the paroxysms, and for the most part the remedies resemble each other only in their general power of producing decided action upon the nerves of respiration. Frequently these remedies are the narcotics; at other times a mere counter-irritant applied between the shoulders will prove effectual in cutting short the paroxysms. In some cases a galvanic plate applied upon the nucha, and communicating with another placed at the point of the sternum, will instantly check an attack of this disorder; and although the cure is not always permanent, yet in some instances the disease does not return. The nauseants and antiphlogistics, which are often useful in emphysema, are sometimes equally effectual in arresting the paroxysms. Amongst them the tincture of lobelia is one of the most certain and convenient, but with some stomachs it is oppressive and irritating.

The various narcotics which are from time to time resorted to, for the relief of asthma, may be administered in the usual way, or be inhaled into the lungs, and thus brought directly in contact with the bronchial membrane. Thus stramonium, tobacco, and other remedies of this class, are often smoked with great benefit; and a method performed lately by M. Raspail, is sometimes of advantage. This consists in inhaling the vapor of camphor; a few pieces of it are placed in a quill, and the patient may breathe through it. The slow volatilization of the camphor brings it directly in contact with the lungs.

These means are, however, all palliative, and there is sometimes no certain relief for the disease. A careful study of the exciting causes, and attention to some very simple hygienic precautions, are the most promising means of treatment.—*Medical Examiner.*

REMARKS ON THE PERCEPTION OF MOTION, &c.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In fulfilment of a promise which I made you more than a year ago, to prepare for publication in your Journal, my ideas on the perception of motion, I send you the following extracts from a lecture on phrenology. I have delayed thus long in fulfilling my promise, in order to have time to satisfy myself of the correctness of my ideas.

Dec. 21*st*, 1840. Yours, &c. ANDREW ALEXANDER.

Having given an account of the function attributed to the faculty of Eventuality by the best phrenological authorities, I shall now give my own opinion with regard to it. It appears to me that the perception of motion depends on the combined activity of four faculties, those of size, locality, eventuality and time, which take cognizance of distance, direction, difference and duration, the perception of motion being, in fact, the perception of a continual difference or change in the position, or distance and direction, of a body or of its particles from the eye. I have never heard of the perception of difference being attributed to eventuality, but it appears to me that it is impossible to avoid coming to the conclusion that this is its function when we analyze the mental manifestations attributed to it. Observation proves that the perception and memory of events and of motion are in some way dependent on the organ called eventuality, and it cannot be denied that the perception of difference is an essential element in the perception of motion, and it appears to me that it is the only element in this perception which can be attributed to the faculty of eventuality, for its other elements are clearly attributable to other recognized faculties. Attributing the perception of motion to eventuality alone, appears to me a most singular oversight. The perception of the form of the orbit, way, or course, in which a body moves, evidently depends on the faculties which perceive distance and direction, and take cognizance of material forms, and position. Motion is a continual difference or change of position. The perception of motion is the perception of a continual difference of position, and consequently must depend on a faculty or faculties which are capable of perceiving continual difference of position. We have seen that phrenologists admit faculties which perceive position, viz., size and locality, and by attributing the perception of motion to eventuality alone, they admit another faculty to perceive, not difference alone, but difference of position; not simply difference of position, but change of position which includes the perception of time. They also tell us that each of the perceptive faculties compares its own perceptions and recognizes their similarity and difference, thus admitting that the faculties which perceive position, take cognizance of similarity and difference of position, and that consequently they too are capable of perceiving motion as well as eventuality. There seems to me some inconsistency in this. But the inconsistency springs, not from admitting the organs, for they are all necessary, and really exist, but from not distinguishing with sufficient exactness the special function, and exact sphere of activity, of each organ. When we do this every inconsistency disappears, and the faculties admitted then stand the test of the most rigid scrutiny.

While speaking of locality I stated that its function is to perceive direction, and that its power is not limited to perceiving a single line of direction at a time, but that it may perceive millions at once. It perceives the direction from which every ray of light comes to the retina.

It is necessary to bear this fact in mind, if we wish to understand on what the perception of motion depends. No such faculty as locality is known among metaphysicians; it is therefore impossible for them to give any satisfactory explanation of the perception of motion. A writer on natural philosophy remarks, that "A successive change in the position of a body or its particles is called motion. Absolute motion," says he, "cannot be perceived through the medium of our senses; we merely conclude that a motion has taken place when a body has changed its position with regard to others." Another writer observes, that "Motion is a complex and not a simple idea; it is gained by the comparison of two places or positions, and drawing the conclusion that a change has happened." These definitions of motion recognize no distinction between perceiving that a body has moved and perceiving it moving. As definitions of the perception of motion they are extremely defective. We perceive motion intuitively at the first glance. We do not need to go through a process of reasoning to know that a body is moving. The perception of motion is compound, but still it is intuitive; and there is a great difference between seeing a body moving, and seeing that it has moved. Not only is the assistance of the faculties which perceive distance and direction necessary to perceive that a body is moving, but they must be affected in a particular manner before the idea of motion is excited. When we look at a body in motion we *always* see a continual difference in the visible direction of its points or parts. To perceive that a body is moving, we must perceive its points in several different contiguous lines of direction, and no one point must remain in the same line of direction during any appreciable period of time; if a period of duration however short can be noted, during which there is no difference of position perceived, the body during that period appears to be at rest. The perception of stillness then depends on the faculties which perceive position, and the faculty of time, which perceives continuance or duration. The difference between seeing a body in motion and seeing that it has moved, is this:—To perceive that a body moves, we must perceive a continual difference in the position of that body; and to perceive that it has moved, it is only necessary to perceive its position to be different from what it was. When we see a body moving, we see it passing through every point of the space traversed. When we see that a body has moved, we see it in one position, and recollect having seen it in a different one; or we recollect having seen it in a certain position, and perceive that it is no longer there. In the one case we see the points of the body passing through several contiguous lines of direction, in the other case we see them only in two different lines of direction. In the one case, i. e., while moving, they do not remain in the same line of direction any appreciable length of time; in the other they do, and we see them only before they have moved and after. In the one case we see the motion, in the other case we see the result of it.

It is easy to prove that the perception of difference is an ever-present and indispensable element in the perception of motion. We cannot perceive the motion of water passing through a glass tube, when the tube is full, because all the parts of the stream are so exactly alike that we cannot distinguish between them, and therefore we cannot discover whether there is a continual difference in their position or not. The perception of difference appears to me to be the primitive and essential function of the organ called eventuality. Every event is a change, a difference. Eventuality is active not only in the perception of motion, but in a great many other cases; it has a wider sphere than the perception of events, it perceives difference in general. Without its activity, no idea of difference can arise in the mind. If this faculty perceived motion and nothing else, many events would take place, of which it could take no cognizance. Almost every event implies motion, but the perception of every event does not imply the perception of motion or change of place. Suppose an individual to be suffering with the toothache, and that the pain suddenly ceases; the cessation of the pain is an event recognized, as every phrenologist will say, by eventuality, yet no motion is perceived; the pain was felt, and is no longer felt, and eventuality gives the idea of difference and nothing more. The state of the part which suffered is different, the change took place there, and in taking place excited the organ of eventuality, and produced the idea of difference in the mind. Eventuality perceives any difference which takes place in the state of the other faculties, but in this case it certainly perceives no motion, no change of position. No phrenologist will pretend that it perceives the motion of the other cerebral organs. It perceives the result of their action, and that is a difference in the state of the mind. It perceives difference, but the qualities or states between which the difference exists or takes place is perceived by the other faculties. It appears to me that eventuality takes no immediate cognizance of the existence of external objects, and that its sole function is to perceive the differences which take place, or exist in the state of the other faculties. When we look at a body in motion, there is a continual difference taking place in the state of our organs of size and locality, and this continual difference is perceived by eventuality and time. We might see a body in different positions by means of the faculties of size and locality, but without the activity of eventuality and time no idea of change would arise in the mind, no event would be perceived. The word change almost always includes in its signification the idea of time. The idea of time is inseparable from the idea of an event.

The perception of difference is now attributed by phrenologists to the faculty which perceives similarity, viz., comparison; and each perceptive faculty is said to have the power of comparing the perceptions which belong to it, and consequently of taking cognizance of their similarity and difference. For my own part, I cannot conceive that the ideas of similarity and difference depend on the same primitive faculty. It should be noticed that the perception of difference is a positive perception, and not the mere absence or negation of the perception of similarity. The perception of difference and the perception of similarity, are the very last perceptions which I should think of attributing to a single primitive faculty. There are no two ideas which it is more easy to distinguish from one another. They are both primitive and indecomposible. They cannot be resolved into one another. Neither do I believe that the perceptive faculties are capable of comparing their own perceptions and recognizing whether they are similar or different. The faculty of color perceives blue and it perceives red, and is differently affected by each, for the Creator has so constituted it; but it does not perceive the abstract truth that they are different from one another, it has no perception of difference. I shall return to this subject when I come to speak of the faculty of comparison. * * * *

Dr. Spurzheim mentions that some of the Scotch phrenologists were for some time disposed to confine the power of comparison to the perception of analogies and resemblances, and to ascribe the perception of differences to the faculty of wit; but that his own opinion is that comparison perceives differences as well as resemblances, analogies and identities. "The faculty of tune," says he, "perceives the discord and harmony of tones, and coloring perceives disagreeable and agreeable, or incongruous and congruous impressions of colors, and in the same way I attribute to comparison the perception of differences and analogies; and as a higher degree of musical talent distinguishes the slightest difference of tone, so a greater development of comparison seems necessary to feel the nicer differences in arguments, and constantly to discriminate in philosophical reasoning." To compare is to liken things to one another, or to hold them together in the mind, to see whether they are alike or different. It is now the general opinion of phrenologists that the perceptions of similarity and difference depend on the same faculty, and that each of the perceptive faculties has the power of comparing its own conceptions and perceiving their difference and similarity; that the faculty of color, for instance, compares colors and perceives whether they are alike or different. The necessity of a particular faculty for the perception of similarity is very evident; but I do not see any need of the perceptive faculties having the power of comparing their own conceptions, and I do not believe that they have any such power. But if they have, it does not follow that the general abstract perceptions of similarity and difference depend on a single faculty.

The perception of difference is not the mere absence or negation of the perception of similarity; it is something positive, as much so as that of similarity, and I cannot conceive how two perceptions so different can depend on the same elementary power of the mind. Difference and similarity are mere abstract relations, or relative modes of existence; they have no analogy to anything physical, and cannot be perceived by the perceptive faculties which take cognizance of physical qualities. The faculty of coloring perceives blue, and it perceives red, and green, and is differently affected by each, in virtue of its innate constitution, and of the organic laws by which that constitution is governed; the perception which each excites is different, but I do not believe that it perceives the abstract truth that these colors are different from one another. It appears to me that to perceive difference or similarity of colors, requires the combined activity of the organ of coloring and the organs which perceive similarity and difference. The idea of difference has no essential connection with that of color; why, then, should they depend on the same organ? To perceive green it is not necessary to know that it is different from red or any other color; green would affect us as it does now, had we never seen red. It seems singular that we should have six, eight or ten faculties, all capable of perceiving the difference and similarity of their own conceptions, and another faculty whose sole function is to perceive the difference and similarity of the conceptions of all the other faculties. It appears to me that without the activity of the faculty of comparison, no idea of any kind of similarity can arise in the mind. The faculty of coloring perceives colors and nothing else; if we wish to perceive whether colors be alike or different, we must call to our assistance other faculties.

It may be asked, if the organ of coloring does not perceive difference of colors, how can it know that one color is green and another red? To this it may be answered, that the organ must be differently affected by the two colors, and the peculiar hue of each must be perceived before it, or any other faculty, can know them to be alike or different. We must perceive the qualities of things before we can compare them; our primitive perceptions must be different before they can excite the perception of difference, either in the faculty by which they are perceived, or in any other. It is impossible for us to know that two colors are similar or dissimilar before we know what colors they are. We know colors by the immediate effects which they have on our organ of coloring. We do not need to compare one color with another to know that it is red or green. The analysis which I gave in a former lecture of the perception of motion, enables me to bring two objections against the opinions at present entertained on this subject, which cannot be easily got over. I have shown that the perception of motion is the perception of a continual difference of position, and that if the faculties which perceive position could compare their conceptions, and perceive difference of position, there would be no need of the faculty of eventuality to aid in the perception of motion. We know that the perception of difference is an essential element in the perception of motion, and the only element which can possibly be attributed to eventuality, for the other elements of the perception are clearly attributable to the faculties of size and locality; therefore if the perception of difference depends on comparison, it must be this faculty and not eventuality which takes a part in the perception of motion, which no phrenologist will allow. In either case eventuality would be of no utility, and if we would consistently maintain that it takes a part in the perception of motion, we must give up the opinions, that all the perceptive faculties compare, and that the perceptions of similarity and difference depend on the same faculty, and admit that difference is perceived by eventuality. Instead of taking it for granted that the perceptive faculties compare, and that the same faculty perceives both similarity and difference, we should require a great deal of proof before we admit anything so improbable. The tendency of these two perceptions is diametrically opposite; the one divides and particularizes, the other combines and generalizes; the one deals in details, the other in general principles. We do not find them to be always equally strong and active in the same mind. Those individuals in whom comparison predominates over the other faculties, are prone to confound, and regard as similar, things really different; they look for similarities rather than distinctions; they are naturally inclined to reason by analogy, and to overlook essential differences and details. When eventuality predominates, there is an opposite tendency. A discriminating mind, however, is one which forms just ideas of things, rather than one which is constantly occupied with minute and subtle distinctions. Eventuality is generally more developed in children than comparison, and they attend more to details and differences than to generalities and analogies. No one, so far as I am aware, has ever thought of comparing the development of the organ of eventuality with the strength of the faculty of perceiving differences, except in as far as the perception of difference enters into the perception of motion and of events; but it seems to me that these observations are amply sufficient to prove that eventuality takes cognizance of difference, for every event is a change, a difference. The qualities differing from one another are perceived by the various perceptive faculties; but we are made aware that they do affect our perceptive faculties differently by means of eventuality.

Those who wish to satisfy themselves by the phrenological method of investigation that the perception of difference depends on the faculty of eventuality, can do so by comparing the energy with which the faculty of perceiving difference is manifested by different individuals, with the development of the organ of eventuality in each case; but they must recollect that the perception of difference is an ever-present element in the perception of motion, and of events.

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BOSTON, DECEMBER 30, 1840.

CONNECTICUT RETREAT FOR THE INSANE.

In the 16th report of the directors, very satisfactory information is given of the present condition of the Retreat. As it may be serviceable to some distant student, the following is copied from the report.

"From the reports of the physicians, it appears that on the first of April, 1840, 1000 patients had been admitted into the Retreat from its opening in 1824. About 500 of these were laboring under some form of insanity of recent date, and brought to the institution with the expectation of benefit from the means employed for their recovery. Of this number 450 have been restored to reason and returned to their families, and to those stations of usefulness which they occupied before their attack.

"Of the 500 cases of chronic insanity, a large number has been cured; many have left the institution much improved, and others remained, not for the purposes of medication, but because they were made more comfortable there than they could possibly have been at their own homes. Even of this latter class—the forlorn hope of the institution—there have been some happy recoveries occurring, two, five or ten years after the attack, and when all expectation of such relief had been obliterated from the minds of their relatives and guardians. Those who have witnessed these results, and those who have experienced these benefits, are among the warmest and best friends of the institution."

The permanent fund is well secured in a way to meet all necessary expenses. The directors speak in a highly complimentary manner of Dr. Brigham, the recently-appointed superintendent, whose qualifications are of no common order. We fully agree with the remark in the report, that the location is admirable. In the vernal season the scenery must be perfectly delightful. From a personal observation of the general appearance and manner of conducting the internal police, a year since, when the institution was under the temporary management of Dr. Hunt, we were most favorably impressed with the good order, method, humanity and active kindness which were manifested by every person officially connected with it.

Dublin Dissector.—On the whole, this re-modelled work proves to be a little superior to any other now in use. Dr. Watts has had so much experience, that if any man knows what is wanted in the dissecting room, it is him. Some might think it better to have a few illustrations; but the expense would have been increased, and no great advantage would accrue, since anatomical engravings are so universally distributed over the world. It may be that hundreds of copies are on sale in Boston, but thus far, we regret to say, we have heard of none. Medical students should avail themselves of this accurate guide—and it is therefore especially recommended to them.

Philadelphia School of Anatomy.—Whatever relates to this embryo college is received by the medical public with interest. It speaks well for the talents and enterprise of Dr. McClintock, that he sustains, by the force of his own unaided genius, a school which maintains a sterling character beyond the immediate precincts of its own dissecting room.

On the 2d of Nov. an introductory lecture was delivered by this gentleman to the students who had joined his class. As might be expected, the discourse is a creditable production, which reads well in a long winter evening without putting a man to sleep. We cannot afford space to copy any part of it, so many other things claim priority; but in recommending it to the perusal of students of medicine, we are sure of their being both gratified and encouraged by the cheering prospect it holds out to the accurate anatomist. We cannot refrain from repeating a remark long ago made by us, that it would be economy to make Dr. McClintock a professor of anatomy in some of the regularly-instituted colleges of Philadelphia. He has a natural tact for teaching, which very many who are clothed with professorial dignity certainly have not.

Solitary Vice in Females.—Within a few days we have received a letter from a lady of undoubted philanthropy, whose observations, together with a careful collection of undeniable facts, show that the vice which constituted the burden of Mrs. Gove's tract is certainly prevalent to a great extent. This is a sad state of things, morally considered; and physically, it is positively dreadful to think about. On the whole, we are really afraid that it will be difficult to prove, what we have heretofore honestly believed, that mankind in their present high state of civilization, have been grossly misrepresented. There must be some defect in the present system of female education, and it behooves physicians as well as parents to make inquiries, and suggest the remedies which the evil may be found to demand.

Phrenological Bequest.—Dr. Robertson, of Paris, an intimate friend and disciple, we understand, of the immortal Spurzheim, in his last will and testament, a copy of which was received in Boston last week, made the following bequest, viz.: to the Boston Phrenological Society, the whole of his extensive phrenological cabinet, which is represented to be unrivalled in any country; and with it his own skull, and 1000 francs to pay the expense of transportation to the United States. It is understood that a copy of the will was forwarded to Dr. Howe, the president of the Society, by Mr. George Combe, of Edinburgh.

On Dislocations of the Ankle-joint, backwards and forwards.—Mr. Douglas read a paper "on dislocations of the ankle-joint, backwards and forwards." Cases which came under the author's notice were detailed; casts and preparations of the parts illustrated the descriptions.

The following are the more remarkable appearances in a case of dislocation of the tibia forwards. The ankle was extended and quite stiff; tibia advanced three quarters of an inch; the anterior edge being exactly over the articulation of the astragalus with the os naviculare. The tendon of the tibialis anticus was in a straight line with its insertion. Behind, the astragalus projects so much that the flexor longus pollicis does not run in its groove in the tibia at all. The astragalus and os calcis are in their proper relation to each other, and their posterior ligament is entire. Additional ossification took place at the back of the tibia, close above the astragalus. The external malleolus remained perpendicular in its situation, with its three fibulo-tarsal ligaments entire. A hollow run obliquely upwards and backwards, from its anterior edge, showing where a fracture had taken place, the superior anterior portion having been thrown forward with the tibia. Internally the deltoid ligament seemed to have been ruptured.

A case of fracture of both bones close to the malleoli, which simulated luxation backwards of the tibia, was detailed.—*Brit. Asso. Proceedings.*

The Rest-harrow (*Ononis Spinosi, or O. Arvensis*), *a Remedy for Rheumatism.* By Dr. Ascherson, of Berlin.—Of this, as of many other remedies for chronic rheumatism, little more can be said than that a respectable author adds his testimony to the correctness of popular belief. Dr. Ascherson first heard of the virtues of rest-harrow (a common weed in this country as well as in Germany) from a washer-woman, and being convinced that it cured her, he tried it in several other cases and found it surprisingly beneficial. It was not invariably successful, but it never did harm, and cured many cases that had long resisted other means. The form of administration is a concentrated decoction of the fresh herb with its roots, or of the roots and stems dried; and a quart of the decoction must be taken daily. Its immediate effect is powerfully diuretic.—*Caspar's Wochenschrift.*

Physiology of Generation.—Mr. Kingdon related the following fact to the Medical Society of London, without offering any opinion upon its value, but bearing upon the subject of generation, always an interesting one, he thought it worthy of being mentioned:—A gentleman presented a friend with a sow in the tenth week of pregnancy; they attempted to remove the animal in a cart, but in getting her into the vehicle she fell and dislocated her thigh. Six weeks afterwards she was delivered of a fine litter of pigs, two-thirds of which were affected with great debility of the hind quarters, which, when the pigs stood up, were in a state resembling chorea. Had the accident to the mother any effect in producing this state in her offspring?—*Lancet.*

Experimental Researches on the Functions of the Encephalon, considered in relation to Sensation, Station and Progression. By M. Monat.—This is a long report to the Royal Academy, in which the author, after proving the insensibility of the brain, endeavors to point out the functions of its different portions. In this, however, he has but partially succeeded, and the committee, MM. Ribes, Blandin, Amussat and Bouillaud, come to the following conclusions: 1. That the three great nervous centres, the spinal marrow, the cerebrum, and the cerebellum, have distinct and special functions; 2, that sensation, properly so called, and motion, are under the immediate and direct influence of the spinal marrow, and have each particular nerves; 3, that the brain presides over the various manifestations of intelligence and volition; 4, that the cerebellum plays an important part over the functions of *Progression* and *Station.* As to the functions peculiar to particular parts of the nervous centres, much yet remains to be done for their determination.—*Bul. de l'Acad.*

Medical Miscellany.—Dr. Locock received the generous sum of £1000 sterling for his services in delivering the queen of England of a princess, Nov. 21st. Her majesty has enrolled her name in the signature book of the members of the Royal Medico-Chirurgical Society, and assumed the obligations of a member—a queer piece of mummery.—Mr. George Combe has three volumes in press, so says rumor, entitled a *Phrenological Visit to the United States.*—The Medical Almanac for 1841 meets with an active sale. Messrs. Otis, Broaders & Co., of Boston, the publishers, will furnish booksellers at a distance, with packages, by railroad.—A morbid specimen of a completely ossified ovary, from an elderly lady, who had been barren, was lately presented to the Medical Society of London by Mr. Pilcher.

To Correspondents.—Dr. Storer's case of poisoning by arsenic, in the person of Mr. Kinney, whose death and the judicial investigation connected with it have been the cause of no little excitement in our community, was received too late for this number, and will appear next week.—An obituary notice of the late Prof. Woodward, of Vermont, will also be published next week.

Died,—In this city, Dr. B. McHenry, 35.

Number of deaths in Boston for the week ending Dec. 26, 27.—Males, 20—females, 7. Stillborn, 3.
Of consumption, 4—lung fever, 4—coxalgia, 1—brain fever, 1—typhous fever, 2—liver complaint, 1—abscess, 1—dropsy on the heart, 1—lead poison, 1—scurvy, 1—disease of the heart, 1—infantile, 2—croup, 1—rose cancer, 1—dropsy, 1—chronic bronchitis, 1.

MEDICAL TUITION FOR 1840—41.

The subscribers will commence their course of instruction for the ensuing medical year, on November 1st, 1840 (the period at which the Lectures at the Medical College of Harvard University begin).

Minute examinations will be held on all the branches of medicine and surgery during the lectures, in order that students intending to offer themselves for examination at the College in the spring, may be prepared. Students may be assured that they will have constant and abundant opportunities for the cultivation of practical anatomy at all seasons of the year. After the lectures, the arrangements will be as follows until the ensuing November.

Free access at all hours to the United States Marine Hospital at Chelsea will be granted; a daily morning visit will be made by Dr. Stedman, and every week Drs. Perry, Bowditch and Wiley will visit in the afternoon, for the purpose, chiefly, of learning the physical signs of disease of the chest. Dr. Bowditch will deliver a course of lectures on diseases of the chest and air passages. Admission to the medical and surgical practice at the Massachusetts General Hospital, the Infirmary for Diseases of the Lungs, and to the practice of one of the Dispensary Districts; occasional opportunities for operative surgery and midwifery.

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October 23d, 1840. O. 28—1amtMcheoptO

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Lectures will commence on the second Thursday of March, 1841, and continue fourteen weeks.

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Castleton, Vt., Nov., 1840.

JOSEPH PERKINS,
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N. 18.—1amtM&cover

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